## P040016777/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

AUTHORIZATION BY PHONE TO

COMMECT BA POR DIETO PO OF S

DATE

DOC. EXAM



700062340937

12/22/05--01040--013 \*\*35.00

05 DEC 22 AHII: 40

13/3CD

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GLOVER CABINETRY INC. (Name of Corporation)
DOCUMENT NUMBER: PO400167771
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEVIN GLOVER (Name of Contact Person)
GLOVER CABINETRY INC.  (Firm/Company)
10461 GIFFORD DR. (Address)
SPRING HILL, FL 34608 (City/State and Zip Code)
For further information concerning this matter, please call:
KEVIN GLOVER at (352) 398-8125 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GLOVER CABINETRY INC.
2. The principal office address: 10461 GIFFORD DRIVE
SPRING HILL, FLORIDA 34608
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-15-04 Document number: P0400016 7771
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State.  KEVIN B. CABINETPY INC.
133 SW 49th ST
CAPE CORAL, FL 33914
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Cover Cabinetey INC.
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an afficer or director)  KEVIN B. GOVER (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
12-19-05
(Signifure of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05) /-800 - 755-5///

850-245-6939